

Forms Index

Form Number	Form Title	ELM Reference
CFC 100	CFC Pledge Card	617.42
DD 214	Certificate of Release or Discharge From Active Duty	512.232
CA-1	Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/ Compensation	541.3 , 542.111 , 542.112 , 542.21 , 544.11 , 544.12 , 544.211 , 544.212 , 545.721 , 545.724 , 545.731 , 545.75 , 545.77 , 547.51 , 547.54 , 821.121
CA-2	Notice of Occupational Disease and Claim for Compensation	541.3 , 542.121 , 542.21 , 544.11 , 544.12 , 544.211 , 544.212 , 547.52 , 821.121 , 821.133
CA-2a	Notice of Federal Employee's Recurrence of Disability and Claim for Pay/Compensation	541.3 , 542.131 , 542.21 , 544.22 , 545.722
CA-3	Report of Termination of Disability and/or Payment	525.148
CA-5	Claim for Compensation by Widow, Widower, and/or Children	541.3 , 542.141 , 542.21 , 544.23 , 821.123
CA-5b	Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren	541.3 , 542.141 , 542.21 , 544.23
CA-6	Official Superior's Report of Employee's Death	541.3 , 544.23 , 821.123
CA-7	Claim for Compensation	525.141 , 545.81 , 545.82
CA-16	Authorization for Examination and/or Treatment	543.3 , 544.12 , 545.2 , 545.21 , 545.23 , 545.44 , 545.45 , 545.5
CA-17	Duty Status Report	544.12 , 545.52
CA-20	Attending Physician's Report	525.141 , 545.5
ES 931	Request for Wage Separation Information	551.422 , 552.32 , 552.51 , 552.52 , 553.13 , 553.21 , 553.23
ES 934	Request for Information or Reconsideration of Federal Findings	551.422 , 552.42 , 552.52 , 553.22
ES 936	Request for Verification of UCFE Wage and Separation Information Furnished on Form ES 931	551.422 , 552.52 , 553.23
FE-6	Claim for Death Benefits (Federal Employees' Group Life Insurance Program)	538.312 , 538.33 , 538.341 , 567.31
FE-6 DEP	Statement of Claim	538.341
FE-7	Claim for Accidental Dismemberment	538.342
FE-8	Election of Living Benefits	534.4 , 536.4
IRS Form W-4P	Withholding Certificate for Pension or Annuity Payments	589.52
OPM 1431	Spouse's Consent to Survivor Election	564.24

Form Number	Form Title	ELM Reference
OPM 1482	Agency Certification of Status of Reemployed Annuitant	537.131 , 537.132
OPM 1528	Notification of Earnings for Medicare Eligibility	574.251
OSHA 2	Citation and Notification of Penalty	825.51 , 825.6
OSHA 300	Log of Work-Related Injuries and Illnesses	812.32 , 813.2 , 813.31 , 821.11 , 821.122 , 821.141 , 821.144 , 821.4 , 824.41 , 825.441
OSHA 300A	Summary of Injuries and Illnesses	812.32 , 813.2 , 813.31 , , 821.142 , 821.144 , 821.4 , 825.441
OSHA 301	Injury and Illness Incident Report	821.11 , 821.122 , 821.144
PS 50	Notification of Personnel Action	349.3 , 354.23 , 354.253 , 365.213 , 418 , 421.516 , 421.526 , 422.155 , 422.531 , 422.831 , 435.31 , 495.48 , 514.52 , 519.233 , 546.23 , 552.41 , 553.11 , 553.12 , 553.132 , 935.211 , 935.212 , 935.262
PS 202	Health Benefits Refund Payment Authorization	525.132
PS 337	Clearance Record for Separated Employee	936.42
PS 820	Ranking of Position Request	212.2 , 231 , 232
PS 991	Application for Promotion or Assignment	354.242 , 354.253
PS 999	Application for Reinstatement List	354.252 , 354.271 , 354.272
PS 1012	Travel Voucher	742.32
PS 1017-A	Time Disallowance Record	432.711
PS 1164	Claim for Reimbursement for Expenditures on Official Business	742.32
PS 1188	Cancellation of Organization Dues from Payroll Withholdings	925.11 , 925.122 , 925.5 ,
PS 1192	U.S. Savings Bond Authorization for Purchase and Request for Change	616.31
PS 1216	Employee's Current Mailing Address	593.33 , 665.5
PS 1221	Advanced Sick Leave Authorization	513.522
PS 1223-A	Earnings Statement	422.531 , 422.831 , 512.532
PS 1223-B	Earnings Statement – Net to Bank	422.531 , 422.831 , 924.71
PS 1224	Court Duty Leave – Statement of Service	516.23
PS 1314	Regular Rural Carrier Time Certificate	516.23
PS 1555	Statement of Account for CAGs H-L	868.133
PS 1723	Assignment Order	422.142
PS 1727	Award Recommendation/Authorization	495.47 , 495.48
PS 1767	Report of Hazard, Unsafe Condition, or Practice	813.32 , 814.1 , 824.41 , 824.61 , 824.62 , 824.631 , 824.632 , 824.633 , 824.634 , 824.635
PS 1769	Accident Report	821.11 , 821.121 , 821.123 , 821.13 , 821.131 , 821.131 , 821.132 , 821.142 , 821.144 , 824.41 , 825.441
PS 1772	Accident Log	824.41
PS 1773	Report of Hazard Log	824.634
PS 1783	On-the-job Safety Review/Analysis	821.22
PS 1902	Justification for Billing Accounts Receivable	452.11 , 462.11 , 743.43
PS 1961	Employee Uniform Allowance Statement	938.4
PS 2146	Employee's Claim for Personal Property	641.52

Forms Index

Form Number	Form Title	ELM Reference
PS 2240	Pay, Leave, or Other Hours Adjustment Request	452.11 , 462.11 , 594.5
PS 2246	Terminal Leave Worksheet	512.7
PS 2248	Monetary Payroll Adjustment	452.11 , 462.11
PS 2342	Request: Unemployment Compensation Data	551.422
PS 2417	Confidential Statement of Employment and Financial Interests (for Use by Postal Service Employees)	662.2
PS 2432	Individual Training Progress Report	438.222 , 732.11
PS 2485	Medical Examination and Assessment	546.621
PS 2488	Authorization for Medical Report	541.3 , 545.5
PS 2489	Identification of Physical/Mental Disability	546.621
PS 2491	Medical Report – First Aid Injuries	541.3
PS 2548	Individual Training Record	732.13 , 817.9
PS 2556	Third Party Statement of Recovery	541.3 , 547.57 , 547.7 , Exhibit 547.57c
PS 2557	Employee's Third-Party Recovery Statement	541.3 , 547.58 , 547.73 , 547.74 , Exhibit 547.58c , Exhibit 547.73
PS 2559	Third Party Claim – Information Request	541.3 , 547.59b , Exhibit 547.59b
PS 2560	Referral of Third Party Material	541.3 , 547.59 , Exhibit 547.59d
PS 2562	Injury Compensation Program – Notice of Potential Third Party Claim	541.3 , 547.55 , 547.57 , 547.58 , 547.59 , Exhibit 547.55
PS 2573	Request – OWCP Claim Status	541.3
PS 2577	Assignment of Claim to the USPS	541.3 , 547.59 , 547.72 , Exhibit 547.59c
PS 3074	Request for Waiver of Claim for Erroneous Payment of Pay	437.32 , 437.4 , 437.5
PS 3111	Specific Notice to Employees Entering (or Already in) Nonpay Status - Change in Health Benefits Regulations	525.222
PS 3189	Request for Temporary Schedule Change for Personal Convenience	516.33 , 517.621
PS 3239	Payroll Deduction Authorization to Liquidate Postal Service Indebtedness	452.233 , 452.243 , 452.252 , 452.334 , 452.335 , 452.336 , 452.34 , 453.22 , 462.5 , Exhibit 452.22 , Exhibit 452.322
PS 3241	Statement of Receipts and Disbursements (Employee Social and Recreational Funds)	615.62 , Exhibit 615.62
PS 3544	Post Office Receipt for Money	547.73
PS 3971	Request for or Notification of Absence	511.23 , 511.42 , 512.411 , 512.412 , 512.42 , 512.421 , 512.422 , 513.331 , 513.332 , 513.34 , 513.341 , 513.342 , 513.35 , 514.51 , 515.51 , 516.33 , 517.31 , 517.621 , 519.6 , 519.742 , 547.83
PS 3972	Absence Analysis	511.42 , 513.393
PS 4584	Observation of Driving Practices	831.331
PS 4588	Observation of Work Practices – Delivery Services	812.52
PS 4589	Observation of Work Practices – General	812.52
PS 4943	Locker Record	612.241

Form Number	Form Title	ELM Reference
PS 5900	Hiring Worksheet	344.1 , 363.2
PS 6803	Wage and Separation Information	551.422 , 552.32 , 552.51 , 553.13 , 553.21 , 553.221 , 553.23
PS 6886	Thrift Savings Plan – Request for Retroactive Contributions	594.42 , 594.43 , 594.451 , 594.46
PS 7314	Medical Agreement	868.131
PS 7381	Requisition for Supplies, Services, or Equipment	753.12 , 753.3
PS 8006	Uniform Allowance Code Sheet (For Regular, Contract, or Work Clothes Program)	935.212 , 935.262 , 938.4
PS 8201	Pre-Tax Health Insurance Premium Waiver/ Restoration Form for Career Employees	524.832
PS 8202	Pre-Tax Health Insurance Premium Election/ Waiver Form for Noncareer Employees	524.833
PS 8214	Certificate of OSHA, Safety, and Environmental Records Transfer	811.42
RI 76-10	Assignment of Federal Employees' Group Life Insurance	534.5 , 536.5
SF 8	Notice to Federal Employees About Unemployment Insurance	552.41 , 553.12 , 553.21
SF 180	Requests Pertaining to Military Records	512.232
SF 278	Financial Disclosure Report for Executive Branch Personnel	662.2
SF 813	Verification of a Military Retiree's Service in Nonwartime Campaigns or Expeditions	512.232
SF 1150	Record of Leave Data	512.811 , 512.812
SF 1152	Designation of Beneficiary – Unpaid Compensation of Deceased Civilian Employee	432.821
SF 1153	Claim for Unpaid Compensation of Deceased Civilian Employee	567.31 , 567.334
SF 1187	Request for Payroll Deductions for Labor Organization Dues	924.11 , 924.12 , 924.4 , 924.5 , 924.72 , 925.121 , 925.122 , 925.21 , 925.5
SF 2800	Application for Death Benefits	567.31 , 567.32 , 567.33
SF 2801	Application for Immediate Retirement	562.352 , 564.31
SF 2802	Application for Refund of Retirement Deductions	565.462 , 565.514 , 565.523
SF 2803	Application to Make Deposit or Redeposit	565.23
SF 2804	Application to Make Voluntary Contributions	565.41
SF 2806	Individual Retirement Record	525.149
SF 2809	Employee Health Benefits Election Form	521.613 , 521.723 , 521.73 , 523.1 , 523.2 , 523.33 , 523.4 , 523.61 , 523.632 , 524.12 , 524.32 , 524.531 , 524.542 , 524.62 , 524.64 , 524.71 , 524.921 , 524.922 , 524.95 , 525.222 , 525.233 , 525.322 , 525.422 , 525.423 , 525.454 , 525.7 , 526.322 , 526.512 , Exhibit 525.142 , Exhibit 525.422

Form Number	Form Title	ELM Reference
SF 2810	Notice of Change in Health Benefits Enrollment	521.613 , 521.73 , 523.632 , 524.534 , 524.542 , 524.722 , 524.73 , 524.772 , 524.773 , 524.962 , 524.966 , 525.144 , 525.145 , 525.146 , 525.222 , 525.322 , 525.422 , 525.423 , 525.441 , 525.512 , Exhibit 525.142 , Exhibit 525.422
SF 2811	Transmittal and Summary Report to Carrier	526.52
SF 2817	Life Insurance Election (FEGLI)	534.343 , 534.6 , 535.113 , 535.122 , 535.124 , 535.21 , 535.22 , 535.23 , 535.24 , 535.3 , 535.51 , 535.52 , 535.611 , 535.612 , 535.63 , 535.81 , 535.831 , 535.832 , 535.911 , 535.921 , 537.132 , 537.144 , 539.11
SF 2818	Continuation of Life Insurance Coverage as a Retiree or Compensation	534.343 , 536.112 , 536.211
SF 2819	Notice of Conversion Privilege – Federal Employees’ Group Life Insurance Program	534.341 , 535.63 , 535.722 , 535.73
SF 2821	Agency Certification of Insurance Status	534.341 , 535.63 , 535.722 , 537.172 , 538.312 , 538.322 , 538.33 , 539.12
SF 2822	Request for Insurance (FEGLI)	535.82 , 535.831 , 539.14
SF 2823	Designation of Beneficiary	534.343 , 537.321 , 538.111 , 538.121 , 538.124 , 538.131 , 538.16 , 538.18 , 539.13
SF 3102	Designation of Beneficiary – Federal Employees’ Retirement System	587.32
SF 3104	Application for Death Benefits	587.61 , 587.62
SF 3106	Application for Refund of Retirement Deductions	585.51
SF 3107	Application for Immediate Retirement	582.78
SF 3107-2	Spouse’s Consent to Survivor Election	584.28
SF 3108	Application to Make Service Credit Payment	585.35
TSP-1	Thrift Savings Plan Election Form	591.36 , 594.465
TSP-3	Designation of Beneficiary	597.41
TSP-16	Exception to Spousal Requirements	597.241
TSP-17	Information Relating to Deceased Participant	597.512
TSP-19	Transfer of Information Between Agencies	591.35
TSP-20	Thrift Savings Plan Loan Application	596.31 , 596.32
TSP-21-R	Residential Loan Documentation	596.32
TSP-30	Interfund Transfer Request	593.23
TSP-75	Age-Based In-Service Withdrawal Request	597.32
TSP-76	Financial Hardship In-Service Withdrawal Request	597.32
WH 380-E	FMLA Certification of Health Care Provider for Employee’s Serious Health Condition	512.412 , 513.332 , 515.52
WH 380-F	FMLA Certification of Health Care Provider for Family Member’s Serious Health Condition	512.412 , 513.332 , 515.532
WH 381	FMLA Notice of Eligibility and Rights and Responsibilities	512.412 , 513.332
WH 384	FMLA Certification for Qualifying Exigency for Military Family Leave	512.412 , 515.535

Form Number	Form Title	ELM Reference
WH 385	FMLA Certification for Serious Injury or Illness of Covered Servicemember — for Military Family Leave	512.412 , 515.532